

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011478	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/26/2014
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM		STREET ADDRESS, CITY, STATE, ZIP CODE 3177 MERIDIAN PARKE DR GREENWOOD, IN 46142		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation Complaint IN00157552 completed on October 15, 2014.</p> <p>Complaint IN00157552 - Corrected.</p> <p>Survey date: November 26, 2014</p> <p>Facility number: 011478 Provider number: 011478 AIM number: N/A</p> <p>Survey team: Diana Zgonc, RN-TC</p> <p>Census bed type: Residential: 92 Total: 92</p> <p>Census payor type: Medicaid: 53 Total: 53</p> <p>Sample: 3</p> <p>Country Charm was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00157552.</p> <p>Quality review completed on November 26, 2014; by Kimberly Perigo, RN.</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE